



**journal of SOCIAL HYGIENE**

vol. 39

december 1953

no. 9

## IN THIS ISSUE

DECEMBER 1953

385	Proceed with Caution
386	A Parent Protests against the Experts . . . McKinney
390	Police and Health Cooperation in VD Control . . . Nelson
398	American Venereal Disease Control Problems . . . Shafer
405	Spiritual Health and Development
415	Safeguards for Junior Hostesses . . . Galvin
421	Book Notes
424	Index

### About our cover . . .

The Holy Family, by Jacob Jordaens. Twenty-seventh in a series of Journal covers on family life . . . reproduced by courtesy of the Trustees of the National Gallery, London.

*Harriett Scantland, Editor*

*Elizabeth McQuaid, Assistant Editor*

*Eleanor Shenehan, Editorial Consultant*

### THE JOURNAL OF SOCIAL HYGIENE

official periodical of the American Social Hygiene Association, published monthly except July, August and September at the Boyd Printing Company, Inc., 374 Broadway, Albany 7, N. Y. Acceptance for mailing at the special rate of postage provided for in Section 1103, Act of October 3, 1917. Entered as second-class matter at the Post Office at Albany, N. Y., March 23, 1922. Copyright, 1953. American Social Hygiene Association. Title Registered, U. S. Patent Office.

The JOURNAL does not necessarily endorse or assume responsibility for opinions expressed in articles, nor does the reviewing of a book imply its recommendation by the American Social Hygiene Association. Subscription price: \$3.00 per year. Single copy: 35c.

## Proceed with Caution

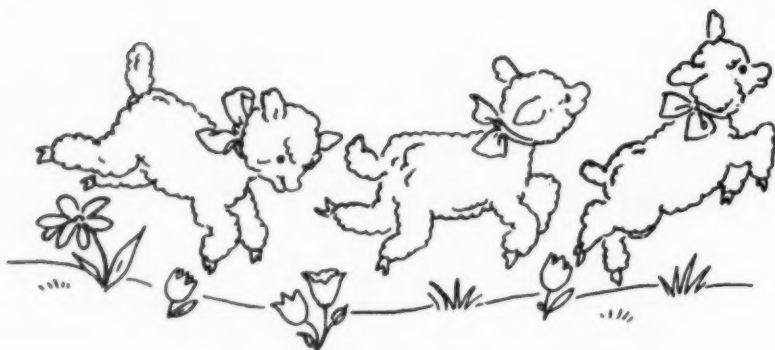
Americans cannot fail to be proud of the brilliant achievements of our official health agencies in carrying forward the nationwide venereal disease control program of recent years. VD rates are down and the appropriations which made the decrease possible have shown a corresponding gradual decrease. This is as it should be.

Historically, control measures have been carried forward by joint action of federal and state health authorities, with funds contributed by both federal and state legislatures. The argument for federal participation is strong: the importance of protecting service personnel and industrial workers in a time of national emergency; the fact that communicable disease in a very mobile population cannot be held within state boundaries; and the need to equalize the cost of control measures between the richer states which can carry the load without undue hardship and those poorer states which cannot possibly do so. This partnership has worked well and has paid dividends in better health for all our people.

In recent months the belief has grown that the time is fast approaching when the states can carry the greater part of the control load alone. The effectiveness of antibiotic therapy, the real reduction in rates, and perhaps also a certain amount of wishful thinking tended to support this belief. It took shape in mid-1953 when Congress cut the appropriation for VD control in the current fiscal year by nearly 50%.

The American Social Hygiene Association is convinced that this way lies tragedy: we still have in this country an estimated 2,100,000 people with syphilis, 110,000 new cases each year. Gonorrhea is probably still the most prevalent of our communicable diseases with the exception of the common cold. If we are to continue to deal successfully with this situation we must seek and find and treat these people.

What the country needs now and should be able to expect from its Congress is a carefully considered plan for the control program over perhaps the next 10 years, with federal contributions determined by foreseeable need. There is no reasonable doubt that—unless the organisms of syphilis and gonorrhea develop strains resistant to penicillin—appropriations can be and will be progressively reduced. Let us temper wisely our efforts to economize on appropriations for VD control.



## A parent protests against the experts

*by Mrs. Fred McKinney*

Present-day parents have an advantage over those of previous generations. We receive from many directions the benefits of an age comparatively enlightened about physical, social and personality development. Most daily newspapers carry at least one syndicated column of advice to parents; radio programs are regularly scheduled; women's magazines feature special articles besides a routine department concerning family problems; parent-teacher and similar groups present a year-round program of speakers in related fields.

We can be, if we listen to all these sources, widely informed . . . and completely overwhelmed.

I believe a large number of parents are compelled, simply by the weight of this quantity of information aimed at them, to take their functions as parents too heavily. We should be aware that we are the direct heirs of a culture which regarded worry as a virtue. In our parents' generation, the person who was free of worry, who dealt with questions as they arose and then forgot them, was charged with taking life too lightly . . . a serious accusation.

In our generation, we consider this cheerful attitude good mental hygiene . . . yet we retain a guilty feeling of evading our responsibilities if we do not worry. So we read the columnists and magazines, listen to the radio experts and our club speakers, and decide we have Problems with our children . . . since everyone else, obviously, is struggling with Problems.

I am not challenging the merits of expert advice, nor the value of making it widely available to the public. I do believe, however, that along with advice we parents should receive some reassurance concerning our effectiveness in our

children's lives and some release from the anxieties we feel toward our role as parents.

This is especially true for the parents of adolescents. The experts place much stress on this period . . . its importance in the individual's life and the problems that are peculiar to years of adolescence. This period receives so much emphasis indeed that we hear parents of young children say, "I am enjoying them thoroughly while they're little. But I'm just *dreading* adolescence!"

#### **Anxious children too**

Such a situation is unfair to both the parent and the youngster. Granted that at adolescence many characteristics that have gone unnoticed during childhood suddenly come into undeniable and undesirable prominence . . . granted that at this time changes may occur which if not modified or checked will make for maladjustment in adulthood. Nevertheless, it is mutually unfair that parents approach this period in their child's life with apprehension and tension.

Moreover, our children, whom we are after all encouraging to be literate, have access to the same sources of information as we and, according to their personalities, either fancy their role as the center of anxiety for their elders or are burdened by it.

I should like to suggest at this point that the typical parent of adolescents is also, during this period, meeting a personal, physical crisis of greater or less severity. In the average family, one or both of the parents of children this age are approaching or in middle age, a time of life that is crucial for most individuals.

How many so-called adolescent "problems" are real, how many the reaction of a tense, middle-aged person to a quite normal situation? And how many reflect the inadequacies we adults feel about ourselves at this time of life? Just as most of us have lost the physical resilience and energy required to follow an energetic two-year-old all day, so we must admit have we lost some of the mental resilience and energy required to follow that same individual at 16 in his quick shifts between child and adult behavior.



*Wife of a psychology professor, mother of Megan, Kent, Molly and Doayne, she's now a freshman at the University of Missouri.*

**Mrs. Fred McKinney**

Most of us find Ogden Nash's "Tarkington, Thou Should'st Be Living In This Hour" a perfect expression of our feelings. The lines . . .

"O Adolescence, O Adolescence,  
I wince before thine incandescence.  
Thy constitution young and hearty  
Is too much for this aged party . . ."

are exactly the words most of us would use at 4:30 in the afternoon when everyone comes in from school.

### *They can be fun*

Perhaps the best solution is to assess ourselves as we are and then sit back and enjoy these teeners . . . because they *are* enjoyable. At no other age does the individual show that wonderful mixture of adult wit and child gaiety that is peculiar to this age. There is an off-beat quality to their actions and sayings that is most entertaining to adults . . . *if* the adults are relaxed enough to be appreciative. They are lively, interesting, stimulating, unpredictable.

(So that no one will think this wafts from an ivory tower, I'll mention here that under our roof there are four children—three in the 14-18 bracket—six radios, three record-players, and a full, professional set of dance-band drums. I know what I'm talking about.)

This enjoyment of our teeners can be genuine if we take the view that we are just one part of a large group working for their well-being . . . teachers, group leaders, physicians, ministers and more remotely related professional workers. We are not alone in our concern for these young people.

Not only is our influence partial, but it must be indirect. I used to think of myself as the foreman of a railroad roundhouse, charged with the duty of clean-





ing and fueling the engines as they come in from their runs and then getting them off on schedule. Like most metaphors, this had its breaking-point: I'm sure no roundhouse foreman needs to cope with young engines panting in an hour late for supper, trailed by two or three hungry engines from other railroads.

So now, with the idea before me that I as a parent am only one of many influences in my children's lives and that my influence must be subtle and indirect, I think of myself as the manager of a high school football team. (I have learned the correct behavior of a team manager from my son, who serves in this capacity.) You see that the field is in good playing condition, all the uniforms back from the cleaners' and mended, and the equipment complete before the game. Then you sit on the sidelines, water-bottles and bandages ready, and watch the game, totally committed to its fortunes.

The rules of the game forbid you to interfere, to coach, to take any part in the action . . . yet you are alert to rush in and apply towels, bandages and deliberately offhand encouragement in emergencies. This is your only opportunity, under the rules, to assist your team.

#### *A little confidence*

All parents will recognize how closely this role of team manager approximates their own role, particularly the "anxious seat" part of it. But I believe firmly that it is a privileged seat, with a fine view of the game, and that some of the anxiety can be removed from it if we remember that our players are well versed in the rules of the game and have had all the preparation we can provide. We'll experience pleasure in the game if we remind ourselves that the players are the beneficiaries of the greatest skills in developmental processes yet achieved by the race.

And we should realize that much of our anxiety is engendered by the unintended pressures of our assistants, the specialists, by our heritage of the "virtue" of worry, by the strains of our time of life, and by our too idealistic resolve to eliminate in this one generation the errors of all previous generations.

# Police and health cooperation in VD control

## The Vancouver story

by A. John Nelson, M.D.

---

*An address before the Pacific Coast International Association of Law Enforcement Officials.*

When asked to give an address before a meeting of the Pacific Coast International Association of Law Enforcement Officers, I accepted the invitation with some trepidation. Not having the qualifications to belong to that distinguished organization but having a medical background, I find my views colored by the tremendous advances that have been made in recent years in the diagnosis and treatment of the venereal diseases. On this account, therefore, and if this material should appear to have a professional bias, I would beg your indulgence and plead only my greater familiarity with the medical aspects of these diseases.

Again, there is the added difficulty of attempting to evaluate the part played by the police and health departments respectively in a cooperative control program that from its very nature demands some overlapping of the functions of each. It is, however, a pleasure to make public acknowledgment of the help the Division of Venereal Disease Control has received from law enforcement agencies throughout this province, and particularly from Vancouver's police department.

In evaluating the trend of venereal disease in recent years I used figures summarized in the table on page 391.

These figures indicate considerable achievement in the last five years. British Columbia entered the postwar era with the highest venereal disease rates in Canada. By the end of 1951, however, the rate for all syphilis had dropped 76%, the rate for infectious syphilis 95% and the rate for gonorrhea 26%. It is apparent, therefore, that within five years we have made a particularly successful focal attack upon infectious syphilis, and with some pride we can say that British Columbia has now attained virtually the lowest rate for infectious syphilis among the Canadian provinces.

### *Effective enforcement*

While part of this successful achievement is due to advances in medical science—particularly the advent of penicillin—much credit is also due to the tireless and persistent efforts of British Columbia's law enforcement officers. Thus, while it is true that penicillin will rapidly end the infectious stage of these diseases once the cases have been found, only effective police enforcement can minimize



## Cases of venereal disease reported, British Columbia, 1947-1951

Year	<i>All syphilis</i>		<i>Early syphilis</i>		<i>Gonorrhea</i>	
	No.	Rate	No.	Rate	No.	Rate
1947	1,775	170.0	578	55.4	4,039	386.9
1948	984	90.9	252	23.3	3,617	334.3
1949	807	72.4	157	14.1	3,833	344.1
1950	572	50.3	59	5.2	3,653	321.0
1951	467	40.1	34	2.9	3,301	283.3

per 100,000 population

opportunities for transmitting infectious venereal disease . . . by suppressing third-party facilitation and prostitution.

Let us study the evolution of the joint VD control program of the police and health department in the city of Vancouver—a large seaport, a great recreational center, with a sizable transient and seasonal population—a focal point for those casual relationships which so frequently result in the acquisition of venereal disease.

To appreciate what has been achieved it is necessary to begin the story some 10 to 12 years back. At that time, conditions in Vancouver were, to say the least, unsavory. Venereal disease was on the increase, and bawdy-houses were flagrantly violating the law and daily spreading fresh infections. Indeed, statistical studies showed that the prostitute was the source of infection in some 25% of all new male gonorrhea admissions to the main Vancouver clinic. The Board of Health, in a limited survey of a group of prostitutes from these houses, found 72% of them infected with venereal disease, while each had in her possession a certificate to the effect that she had been examined by a medical practitioner and was free of infection!

The situation then was sufficiently serious to arouse the Provincial Board of Health to further action. They were indeed fortunate at that time in having as the provincial director of venereal disease control Dr. Donald H. Williams, a man outstanding in venereal disease control. By an intensive program of law enforcement aimed at bawdy-houses, and at certain beer parlors and rooming-houses known to be facilitating the spread of venereal disease, Dr. Williams rapidly reduced the number of venereal infections reported.

Indeed it is not too much to say that Dr. Williams' studies into the influence of prostitution on venereal disease prevalence in Vancouver and the success of abatement proceedings represent an outstanding contribution to venereal disease control and sociology. In showing that the closing of bawdy-houses, and the control of other facilitating premises, brought about a rapid reduction in venereal



*Rising postwar VD rates—  
then a renewed attack on VD.*

disease, he both emphasized the need for law enforcement and demonstrated the excellent results which could be obtained.

#### ***A natural division***

A question naturally arises . . . what are the respective roles of the police department and public health department in the over-all strategy of attack against the venereal diseases and the various community conditions facilitating their spread? It is at once apparent that the acquisition of venereal disease by any individual comprises two separate entities—first the source or infected individual, and second the situation whereby the source is made accessible to the healthy person.

In the cooperative control program, the source or infected individual is essentially a medical problem, whereas the circumstances contributing to the spread of venereal disease are mostly problems for police action . . . since procuring, living on the avails of prostitution, and operating a common bawdy-house are criminal offenses under federal law. From this it follows that the attack on the facilitation process and the facilitator is primarily a function of the law enforcement agencies.

It is clear, therefore, that in the broad field of police and health department cooperation in venereal disease control, certain functions are assigned to each. The health department has the specific responsibility to control these diseases through the examination and treatment of cases and their contacts. The criminal nature of the facilitation process and the criminal activities of the facilitators come within the jurisdiction of the police department.

That each department may carry out its responsibilities individually, and at the same time play its part in the combined strategy of attack, the highest degree of cooperation is not only desirable but essential. The health department's staff, through their questioning of cases and contacts, will have information about conditions and persons facilitating the spread of venereal disease, which they should relay to the police for corrective action. Conversely, the police in the performance of their duties will come in contact with delinquents and sex offenders who should properly be referred to the health department for an examination for venereal disease.

This kind of cooperation between the two departments on a day-to-day basis should insure the exchange of all available information, to the advantage of both. But this degree of cooperation between two departments can obtain only where each really understands the problems of the other and sincerely desires to make cooperative activities work.

I have referred to Dr. Williams' success in the use of law enforcement agencies to control prostitution and other facilitating activities in the city of Vancouver. Unfortunately, with the war's disruption of social conditions, it was found impossible to consolidate these advances, far less to extend them. In time of war, both departments had other emergency duties and responsibilities and could devote less time to this complex problem. With the relaxation of cooperative activity by health department and police department, the inevitable result was some recrudescence of previous unsatisfactory conditions.

### *Legislative support*

In 1947, however, an even closer cooperation and understanding between the Division of Venereal Disease Control and the members of the Vancouver City Police Department, effected a concerted program of attack on venereal disease which now closely approximates the ideal.

1947 also saw other advances of great assistance to both departments in their joint activity:

- Passage of the revised Venereal Diseases Suppression Act by the Provincial Legislature
- Passage of the Criminal Code Amendment Act, which made possible the imposition of heavier penalties than hitherto for the keeping of bawdy-houses.

The infected person . . .  
a medical problem.



These advances in legislation, together with greater cooperation between the two departments, are in no small measure responsible for the success of the venereal disease control program in this province.

#### *Details of joint activity*

Skilled investigators interview all patients passing through the health department's venereal disease clinics regarding the identity of contacts, place of meeting, place of exposure and other information about the facilitation process. By referring to large-scale maps showing beer parlors, hotels and cafes, they encourage patients to identify specific premises.

The health department's staff uses all this information in their routine follow-up of contacts. This is primarily a health department responsibility since the police in their attempt to control other law violations cannot be expected to devote a great deal of time to it. Quarterly facilitation reports tabulate and summarize pertinent information obtained from patients about specific premises. These provide the information necessary to enforce action against offending premises.

In many cases the attempt to remedy the unsatisfactory situation is made through professional organizations such as the British Columbia Hotels Association, which disciplines its member hotels. Where beer parlors are involved the Provincial Liquor Control Board usually acts. If these channels cannot take remedial action the police department's morality detail receives the assignment. In this fashion both the source of venereal disease, and the conditions facilitating its spread, are controlled.

#### *Bawdy-houses*

Here is an example of how these measures work in practice. At the end of the war the number of venereal infections had increased to an alarming extent, and bawdy-houses had again resumed their nefarious and disease-dispensing activities in Vancouver. Police attention was again directed to these unsavory premises. Early in 1947 after repeated raids by morality officers (who had the support of a subsection of the Criminal Code of Canada relating to the liability of landlords, lessors or agents of premises against which a conviction has been registered for being a common bawdy-house), the several well-known houses repeatedly reported to the Division of Venereal Disease Control were finally closed and have remained closed ever since.



*Alumnus of the University of Glasgow and of London's Royal Institute of Public Health and Hygiene. Teaches public health at the University of British Columbia. Directs the VD control division of British Columbia's Department of Health and Welfare.*

*A. John Nelson, M.D.*



*Vancouver*

The immediate effect was a marked reduction in the number of times bawdy-houses were named as places of exposure. Thus, in 1946, bawdy-houses were named 50 times as a source of venereal disease . . . in 1947, 12 times . . . in the last three years, on the average once a year. The police department has carefully investigated the three and has ruled out in each instance bawdy-house activity. It would appear, therefore, that organized bawdy-house activity is no longer a problem in Vancouver. The results of an independent and objective survey of commercialized prostitution activity in the city made by the American Social Hygiene Association substantiates this belief.

#### ***Prisoners are examined***

One further joint activity of police and health departments in this city deserves mention. Since September, 1933, the Division of Venereal Disease Control has operated regular clinics for both male and female prisoners at the provincial jail, Oakalla Prison Farm, in the adjoining municipality of Burnaby. All new prisoners received there are routinely examined for venereal disease. This arrangement takes care of prisoners admitted to the provincial institution, but in Vancouver, as in other cities, many persons apprehended by the police are never sent to the provincial jail. Many of these individuals temporarily in police custody are known to be venereal disease contacts whom the VD Division is anxious to examine and treat if infected. It was apparent, therefore, that this constituted a serious gap in our control program.

Fortunately the Venereal Diseases Suppression Act of 1947, which I have referred to, provides for the compulsory examination and treatment of persons



*As a global problem  
venereal disease  
affects North America*

in custody or awaiting trial. Armed with this authority and with the cooperation of the city police department, the VD Division in May, 1947, was able to establish a medical examination center at the city jail, where all women in custody are routinely examined for venereal disease. A public health nurse from the Division makes these examinations each morning before court convenes. At first the examination center restricted its activities to female prisoners, but its unqualified success in uncovering new cases of venereal disease (in the first year of operation 106 (23%) out of 471 women examined showed evidence of venereal disease) led in the following year to a similar examination center for men.

A review of the work done by these jail examination centers reveals their value in case-finding. Between May, 1947, and the end of 1951 a total of 4,329 women were examined in the female center, and 1,930 (or 45%) were found to have evidence of venereal disease. Between September, 1948, and the end of 1951, 6,945 male prisoners were examined, and 560 (8%) found infected when examined only for syphilis.

It is felt that these examination centers are of the greatest value in VD case-finding, and in providing information about contributory social conditions among a certain segment of the population. The degree of cooperation between our departments, in both the setting up and continued operation of these jail examination centers is a model for other communities to emulate.

#### *Unlimited cooperation*

I feel that I have demonstrated what can be achieved in venereal disease control by joint activity of the police department and health department . . . and I feel too that there is no limit to this cooperative achievement.

I had occasion to visit a smaller interior city in British Columbia where two bawdy-houses were known to be operating and where, in spite of enforcement action, the local police could not completely close the premises. Investigation revealed that the totally inadequate penalties imposed upon conviction by the court nullified enforcement activities. One bawdy-house keeper with five successful convictions recorded against her had received minimal penalties, mainly fines.

This unusual situation existed in spite of the fact that a section of the criminal code dealing with prostitution provides that a person with three or more con-

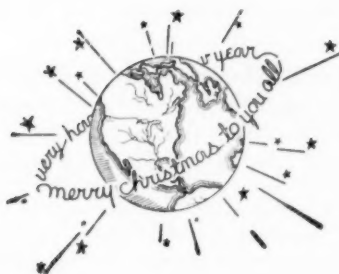
victions for bawdy-house activity becomes subject to a mandatory jail sentence of up to two years. Obviously joint activity by the police and health departments in venereal disease control requires the cooperation of other agencies and individuals, particularly judicial officials.

In this particular instance the health department backed up the police by taking the matter to the attorney-general's department. There it was decided that if another minimal penalty were imposed for bawdy-house activity, the sentence would be appealed in an endeavor to remedy the unsatisfactory situation. This example shows the extent of police and health department cooperation.

#### *Let there be no let-up*

In conclusion, may I at this time sound a warning? Venereal disease is still with us in our respective communities, and it would indeed be a tragedy if after having come this far we were to relax our joint efforts at control. Venereal disease still presents a problem, both from within and without. Within, the proprietors of commercialized vice stand ready to profit from any relaxation on our part. Without, venereal disease is still widely prevalent in many parts of the world where control programs have barely begun to grapple with the problem. So long as these diseases remain global in their distribution they constitute a potential danger to the communities of North America, particularly if there is a further social upheaval brought about by war.

The price of success in the war against venereal disease is constant vigilance against its incursions, but it is my fervent hope that whatever may lie in the future, police department and health department, shoulder to shoulder as joint guardians of the public safety, will stand ready to meet the challenge of these diseases.





# American venereal disease control problems

## with emphasis on their epidemiology

by J. K. Shafer, M.D.

(continued from the November issue)

It is our experience that the application of interviewing techniques can be sharpened through careful training of interviewing personnel. To meet our need for trained men and women, schools of interviewing are operating where clinic populations are adequate for teaching purposes. Students attend from civilian health departments and the Armed Services . . . forming an additional tie between our civilian and military venereal disease programs.

Prerequisites for a successful interviewer are, as we see it, a good educational background, intelligence and an honest desire to do the work. The training schedule in the schools is crowded . . . courses run from one to three weeks, depending on the student's background in venereal disease control. We find that most students who undertake the training absorb instructions quickly or not at all.

### *Learning by doing*

My earlier remarks about basic concepts in interviewing suggest the content of the training program, which is practical, not theoretical. The courses stress the necessity of establishing and sustaining rapport between interviewer and patient. Students see demonstrated—and later practice—the technique of using seemingly irrelevant questions to lead into crucial facts, and of shifting approaches if they encounter opposition.

Students learn that the men and women who are their patients are, by and large, a promiscuous group with substantially the same pattern of sexual behavior. With this knowledge the interviewer is predisposed to seek multiple contacts.

The student learns to rely upon memory rather than extensive note-taking and to emphasize the confidentiality of the information and its insulation from police measures.

When students understand the problems and frustrations of the man who must seek out contacts, their interest in supplying complete and accurate information quickens. Consequently, they get not only a well-rounded picture of the whole interview-investigation process but also an opportunity to trace the contacts obtained in their interviews.

Thus, the training program is essentially one of learning by doing and seeing. Students observe their instructors and fellow-trainees at work, and they conduct



actual interviews. These are usually recorded and subsequently discussed and criticized by both instructors and students.

I would like to turn briefly to the effectiveness of the interview-investigation process as an epidemiologic tool. There is no need to review the necessity for information on incidence and prevalence of venereal disease, on age specific rates, on types of disease and on geographical distribution. All these facts are important in evaluating the problem's extent and location before attempting to control it. They are perhaps even more important in measuring a program's success or failure.

### **Statistics**

Yet within our control program we needed more specialized tools for gauging contact investigation. If we were to lean heavily upon it as a case-finding mechanism, we had to find statistical means for measuring its efficiency. Accordingly, we have developed a group of statistical indices for comparing contact investigation in different areas and for assessing its efficiency in the one area over a certain period. There are four indices:

- Contact index . . . the ratio of the number of contacts obtained to the number of patients diagnosed as having previously untreated primary or secondary syphilis.
- Epidemiologic index . . . the ratio of the number of infected persons identified through contact investigation to the number of patients diagnosed.
- Brought to treatment index . . . the ratio of hitherto unknown cases found through contact investigation to the original patients available for interview.
- Lesion to lesion index . . . the ratio of contacts with primary or secondary syphilis brought to treatment as a result of contact investigation to patients with primary or secondary syphilis.

These indices are easily computed for any area or group of areas for any period. We can use them to compare different areas where contact investigation is employed or to show trends within the same health jurisdiction over a period of time.

The contact index reported early in our program was low . . . reflecting perhaps our failure to appreciate the rather extensive spread of sexual contacts stemming from one promiscuous person. As we became more aware of the extent of this spread, from our own experience and from the Kinsey study, we realized we had to obtain from each patient a number of contacts consistent with our knowledge of the quantitative sexual pattern. The data shows that over the years the contact index has risen. Between 1946 and 1951, the index for 15 areas where contact investigation was in continuous use rose from 1.70 to 3.14.

This improvement reflects the importance of training interviewers. In one study, military interviewers with little training obtained 1.13 contacts per patient for gonorrhea and 1.58 contacts for lesion syphilis. In contrast, from this same group of patients well trained nurse-epidemiologists obtained 1.29 contacts for gonorrhea and 3.46 for syphilis. Not only does the training process increase the interviewer's skill in obtaining contacts and identifying information but, as pointed out earlier, it also stimulates the interviewer to seek a large number of names from each patient.

Furthermore, the contact index provides a measure of the individual interviewer's competence as compared to that of others in the same locality.

The other indices likewise serve to set goals of performance and measure efficiency. Obviously, they are of great value in the management of a venereal disease control program.

So we have sensitive gauges of the effectiveness of our epidemiologic techniques. What then has been the impact of these techniques on our essential problem . . . reducing the amount of venereal disease in our population?

At this time, the answer to this question is hypothetical. I can only pass along to you the opinion that our epidemiologic practices are an essential part of our venereal disease control program, and present evidence to sustain that opinion.

The evidence lies in the pronounced divergence in the trends of syphilis and gonorrhea incidence. While gonorrhea among females is not sufficiently well diagnosed and reported to establish a trend, the gonorrhea rate among males is a fair indication of the trend of its incidence. Since 1947 gonorrhea as reported in the male has declined 37%. Over the same period the estimated minimum incidence of syphilis among males has declined 78%.



*The interviewer  
tells why  
contacts must  
be located.*

*(This man does not have VD.)*

*On-the-spot  
blood tests.*



*Former emphasis on syphilis*

Let me turn back for a moment to the mid-1940's and describe the difference in our approach to the control of syphilis and gonorrhea. At that time, with limited personnel and funds and with a very formidable venereal disease problem before us, we decided to concentrate control efforts primarily upon syphilis, utilizing the interview-investigation program only incidentally for gonorrhea. Three considerations governed this decision:

- Syphilis is a potentially more serious disease than gonorrhea.
- The male patient with gonorrhea, having more uncomfortable symptoms than the patient with syphilis, would be more likely to report for medical care.
- The increasing availability of penicillin and its specificity in small amounts for gonorrhea would tend to treat the disease out of existence without a concerted epidemiologic drive. This consideration anticipated a wide use of penicillin for conditions other than venereal disease that would, it was believed, incidentally bring about the cure of much gonorrhea. It also anticipated that the drug's specificity for gonorrhea, and its low cost, would become well known and thus lead a large number of those infected to volunteer for treatment.



*University of Nebraska and Johns Hopkins alumnus. Formerly medical officer of the U. S. Marine Hospital on Ellis Island, and VD control officer for Michigan. Now chief of the VD division, USPHS.*

*James K. Shafer, M.D.*

That gonorrhea has not been treated out of existence is clear from the high rates we continue to see. The factors we expected to aid the control of this disease have not done so to the degree we expected.

Study of our gonorrhea problem has revealed, to some extent, the points at which our expectations went awry. Clinic reports in some areas show a marked unbalance between the number of male and female cases—sometimes reaching the ratio of 10 male cases to one female case. Males with a discharge come in voluntarily, much as we expected, but all too often they return after treatment to the infected female and become reinfected. Many male "repeaters" were returning to the clinic within a short time, reinfected.

Moreover, in the socio-economic group with the highest incidence of gonorrhea, economic considerations and psychological make-up apparently militate against volunteering for medical care. Whether this failure to volunteer is due to lack of motivation to seek treatment, or (in areas where public facilities are limited) is due to a lack of money to pay for treatment, or whether it reflects individual differences in severity of disease is beyond the province of this discussion. The point is that persons with gonorrhea did not volunteer for treatment as we had expected.

As we analyzed our situation, we were convinced that the chief reason for the divergence in syphilis and gonorrhea rates was our organized case-finding attack on the one, its absence in the other. We have felt justified in concluding, on the basis of our experience with syphilis, that interview-investigation is a sound and fruitful epidemiologic process that may be successfully adapted to the particular characteristics of the gonorrhea problem.

Accordingly, we have begun to search actively for contacts of persons known to be infected with gonorrhea. To deal with the characteristics peculiar to gonorrhea, we have developed what we term the "speed zone" concept of epidemiology. I should like to outline briefly the basis and content of this attack.

While the incubation period of experimentally acquired gonorrhea in males has a 31-day range, 85% of infections produce clinical symptoms within six days after exposure. Thus the productive targets for investigation are the contacts of male gonorrhea patients during the period beginning six days before the onset of his clinical symptoms and ending at the time of his appearance at the clinic. This period would encompass in most cases not only the contact

from whom he acquired his infection but also those he has exposed during his infectiousness.

I have pointed out the frequency with which, in our experience, the patient treated for gonorrhea becomes reinfected. With this knowledge, it is necessary to locate and treat his known sexual partners before he becomes infected again from one of them. Studies have established that penicillin in aluminum monostearate protects the patient from reinfection for at least 72 hours. Consequently, if we are to break up the pattern of reinfection that we so often meet, we must investigate contacts within the period of penicillin protection . . . 72 hours.

This program operates on detailed working principles. One of the fundamental points is that only certain "zones"—those with high gonorrhea incidence—of selected cities and counties are covered. In the interest of brevity, I shall not describe the complete plan of operation of the "speed zone" concept, but shall mention only five of the principal working premises:

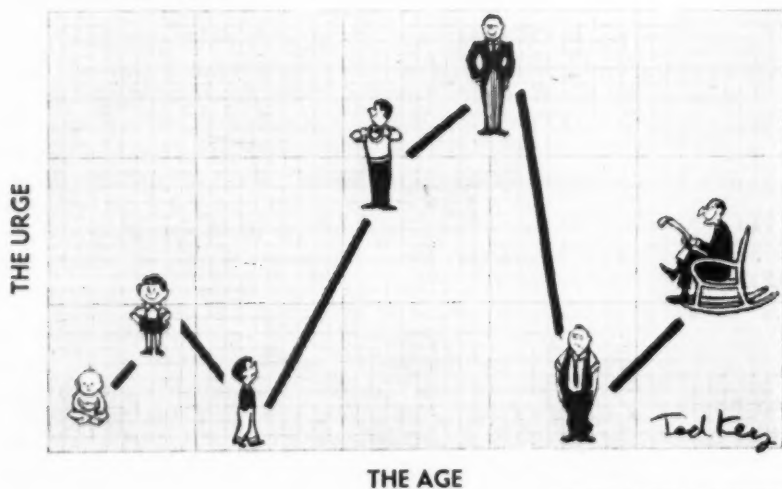
- We interview all symptomatic male gonorrhea patients.
- We send a telegram to all contacts of these patients with identifiable names and addresses within the speed zone on the day of the interview, and request them to report immediately to the venereal disease clinic.
- An investigator seeks out immediately all contacts who do not receive a telegram.
- An investigator personally seeks at once all contacts not responding to the telegram within 24 hours and brings the contacts to the clinic.
- All contacts who come or are brought in for examination receive treatment. Physical examinations are performed and samples taken for diagnostic purposes if considered desirable. We do not wait for confirmation of diagnosis by culture before treating because of the time involved and because we consider the report of contact with an infected individual as presumptive evidence of infection. To require bacteriologic proof of infection before treatment would require greater expenditure of personnel and funds than are available. It would also leave the subject free to expose others, since we have no facilities for hospitalizing contacts pending diagnosis.

The reports from speed zone areas are most encouraging. The gonorrhea contact index is approximately 1.5, and about 70% of the contacts residing within the speed zone are being examined and treated within five working days. Furthermore, the telegram is bringing many contacts to treatment within 24 hours. In some areas, the sex ratio is assuming a more proper balance between males and females. Final evaluation of the speed zone process will depend, however, on whether or not the incidence of male gonorrhea cases decreases.

I have presented a fairly full description of the epidemiologic content of our venereal disease control program. As I have indicated, our procedures for discovering new cases were evolved because we recognized that our program would continue to be imperfect unless we could find a means of directly channeling the venereally infected (and infectious) person to treatment while still in the infectious stages. Public health expediency—and nothing else—dictated the specific practices we employ. New techniques or new adaptations of established techniques, new insights into the mind of the venereal disease patient, new wedges into his confidence . . . these are our goals.

It is not my intention to suggest that our methods are universally effective. We believe, however, that for us these methods result in interrupted chains of venereal infection. So long as our public health program of venereal disease control must look to treatment to halt the spread of venereal infection, contact investigation will be a necessary supporting operation. We hope to carry it forward to new levels of performance in the future.

### *Love graph*



BETTER HOMES & GARDENS

## Spiritual Health and Development

*Third of a series of chapters from  
Preinduction Health and Human Relations,  
new curriculum resource for youth leaders  
by Roy E. Dickerson and Esther E. Sweeney.*

*(continued from the November issue)*

### **Moral Equality**

The American people take pride in the spirit of fair play. There are few things that arouse our antagonism more than unfairness and injustice.

This popular desire to see every person judged by common standards and treated fairly under all circumstances is based on our recognition of the moral equality of all.

Thomas Jefferson emphasized this agreement on moral equality when he spoke in his first inaugural address of "equal and exact justice to all men, of whatever state or persuasion, religious or political."

The whole world was stunned when the Nazis tore legal and political rights from one group of German citizens because of their religious beliefs and subsequently slaughtered millions of them.

Later the Nazis enslaved and murdered millions of Poles, Russians and other non-German peoples on the theory that they should be exterminated because they belonged to "inferior races." Not only was science perverted to create a political philosophy around an absurdity labeled "the master race" but the Nazis carried their denial of the moral equality of man to its greatest extremes and produced the most terrible acts of genocide in history.

Yet in day-to-day living—on a much smaller but no less significant scale—one can be unjust to people unless belief in the moral equality of all men is part and parcel of one's moral and spiritual equipment.

Ideas of social exclusiveness, for example, can cause unfairness and discrimination in relationships with others. It is dangerously easy for a clique of young people to exclude schoolmates from common, pleasurable experiences together.

It's perfectly true that young people with limited spending money cannot always go to expensive places of recreation with friends who have more spending money. But recognition of moral equality and a desire to consider the feelings of others suggest the planning of activities that cost less and can include more of one's friends and classmates.



Using other people is another kind of unfairness, often unthinkingly practiced. Sometimes two or three students are assigned a research task. The one reporting conveys, one way or another, that the major efforts have been his. A boy or girl on a date may "use" each other for emotional or physical satisfactions. A young serviceman, newly assigned to a post, may use his fellow servicemen to help him find his way around and make acquaintances in the community, yet drop his friends once he feels sure of himself and at home in his new situation.

Any form of discrimination or domination over another person or group of persons is exercise of a form of power. Lord Acton wrote, "Power tends to corrupt; absolute power corrupts absolutely." The individual may only momentarily hurt another person by some act of discrimination or injustice, but the harm he does to himself in corrupting his own moral fiber may be grave and lasting.

Youth can close its eyes to unfair, discriminatory practices: the exclusion of certain groups from places of public recreation; unfair generalizations about people of particular races, religions or economic levels; things as seemingly unimportant as class decisions to hold a formal dance which may necessarily exclude those who can't afford the special clothes needed. Or youth can work calmly and consistently, now and continuingly, to help eradicate whatever tends to deny the moral equality of human beings.

The cardinal precept of the moral equality of human beings is found in all the great religions of the world. In common they call for the repudiation of persecution, domination or exploitation of others . . .

Christianity teaches, "Thou shalt love thy neighbor as thyself." Buddhism says, "Minister to friends and families by treating them as one treats himself." Confucianism says, "What you do not like when done to yourself, do not do to others." Hinduism says, "Let no man do to another what would be repugnant to himself." Judaism says, "And what thou thyself hatest, do to no man."

"Do unto others as you would have them do to you"—the Golden Rule—is found in one form or another in practically every language. It is a summation of men's thinking, whether they accept formal religion or not.

#### *Class Discussion*

- Why do American courts provide legal services at public expense (when people cannot afford such services) even if they are charged with crimes as grave as arson, murder or larceny?
- How does discrimination show lack of maturity?
- What is the potential danger in the attitude of peace at any price? In making other people the butt of jokes? In assessing one's friends by their clothes, cars, money and ancestry?



## Brotherhood

William Penn, the Quaker founder of Pennsylvania, said, "Those people who are not governed by God will be ruled by tyrants." Four explicit references to the spiritual foundations of American life are to be found in the Declaration of Independence, the charter of our freedom: In the first sentence, ". . . to which the Laws of Nature and of Nature's God entitle them. . . ."

In the second sentence, ". . . that all men are created equal, that they are endowed by their Creator with certain unalienable Rights. . . ."

In the next to last sentence, ". . . appealing to the Supreme Judge of the world. . . ."

And in the last sentence, ". . . with a firm reliance on the Protection of Divine Providence. . . ."

In 1858, Abraham Lincoln, in what is referred to as his "lost" speech, spoke these words concerning the Declaration of Independence and the motives of those who wrote it: "This was their lofty and wise and noble understanding of the justice of the Creator to His creatures, to the whole family of men. In their enlightened belief, nothing stamped with the divine image and likeness was sent into the world to be trodden on and degraded, and imbruted by its fellow creatures."

The spiritual value, brotherhood, is not based on easy and pleasant fraternal feelings for the people one can readily like and admire. It springs from the concept of the inherent worth of each human being made in the image of his Creator and from one's consequent moral responsibility to treat one's neighbor with respect and decency, whether or not he is personally likable.

Brotherhood cannot be realized by well-meaning but ineffectual acceptance of the idea of brotherhood without positive, constructive action. Humanitarian sharing of material things demonstrates one's concern for the welfare of others. This is good. But if moral and spiritual values are to imbue the character of each individual and through him contribute to the spiritual growth of the state, one must realize that brotherhood calls for vigorous and dynamic action.

In *Moral and Spiritual Values in the Public Schools*, issued by the Educational Policies Commission of the National Education Association and the American Association of School Administrators, the following statement appears: "We seek to develop a self-reliant and industrious body of citizens, each of whom will earnestly strive to provide through his own efforts for the comfort and well-being of himself and those dependent upon him. Nevertheless, the care of those among us who may be prevented from doing this by a fault not their own—by ignorance, or feebleness, or lack of opportunity, or other misfortune—is an inescapable moral responsibility of all citizens. Whether by individual action, or through voluntary cooperation, or from the public purse, this responsibility must be met. Brotherhood leads to a broad and expanding humanitarianism, a



*How does a bank account  
relate to happiness?*

sympathetic concern for the distress of other people. . . . Brotherhood, moreover, implies more than material assistance; it means a willingness not only to share with the needy but also to attack the causes of want and suffering."

#### ***Good Will Is Not Enough***

To attack the causes of want and suffering—one of the truest exercises of brotherhood—one needs more than good will. One must seriously study many factors and weigh various solutions in the attempt to meet the root causes of human need.

This is a major task of citizens. Inadequate and substandard housing, unemployment, the more or less enforced idleness of older members of the population (many of whose only job disability is age) and many other problems of our fellow citizens will not yield to simple overnight measures. But they must yield to the informed, vigorous, consistent and thoughtful attack of young men and women who accept brotherhood as a spiritual value and who work for its realization in concrete terms.

All over the world underprivileged people look towards the generous, brotherly hearts of Americans for relief from their distress. Sometimes it is said that our demonstrations of brotherhood are taken for granted, and that some countries may become over-dependent upon American generosity. Both are possible and in some instances may be true. It is always important to share with wisdom as well as generosity.

Young people should rightly consider the balance between prudence and generosity. They must weigh the danger of indiscriminate giving that may weaken, not strengthen, the recipient. That is why the Community Chest encourages young people to study their community's philanthropies, to read and study the agencies' annual reports and financial summaries, to visit social agencies on appropriate occasions and ask questions about the why and when and how of giving.

In working to break the chains of ignorance, in working for fair employment opportunities for all, in working to uproot the causes of poverty, loneliness and personal unhappiness, one finds the greatest promise of fulfilling the moral obligation of true and all-inclusive brotherhood.

#### *Class Discussion*

- What are some of the everyday things people can do to show brotherhood besides sharing material possessions?
- What do people mean by "It isn't the gift, it's the thought that matters"?
- Employers have moral responsibilities towards employees. Do employees have moral obligations towards employers? How does brotherhood operate in these relationships?
- What steps would be necessary to develop a plan for eradicating slums in any community?
- Cite some instances of the brotherhood shown by American servicemen in occupied countries.
- How does the Marshall Plan demonstrate a prudent yet generous form of brotherhood?

#### *The Pursuit of Happiness*

The glorious phrase in the Declaration of Independence—the pursuit of happiness—relates to a vital spiritual value.

America's spiritual heritage recognizes man's right—even his responsibility—to seek happiness.

Each person should have the greatest possible opportunity to pursue happiness, provided that in so doing he does not interfere with the happiness of others. This is an inalienable human right. It relates to the very nature of man, to his possession of reason and judgment, to his capacity for growth and self-expression, to his intellectual, creative, emotional and spiritual endowments.

People's ideas of happiness often differ. This very fact brings about much unhappiness in human experience.

Happiness is, of course, affected to some degree by material factors such as food, clothing, shelter, money. But once these basic needs are met, their importance diminishes.

Wealth and personal possessions are pleasant. But in themselves they cannot supply happiness. Equally, extreme poverty may make the achieving of happiness difficult.

Everyone knows people with many material possessions who—for lack of inner resources, personal stability or ability to handle personal misfortune—have little happiness. On the other hand, everybody knows people with little financial security and few possessions whose every family meal is an occasion for wit, planning, discussions of ideas and world events . . . in short, whose happiness does not depend on material things.

The girl who makes herself a dress for a dance finds great pleasure both in successfully completing her effort and in anticipating the dance itself. If she adds some creative touches to the dress, she also experiences further happiness and the satisfaction of having achieved a concrete form of self-expression. This happiness may be even greater than her anticipation or enjoyment of the dance itself.

The boy who works on an ordinary class assignment—an essay, a piece of research, a poster for an art class—may find real happiness in what perhaps started out as a routine task, even a chore, as he works with ideas and with different ways of presenting his material.

As people mature, relinquish the self-centeredness of childhood and grow genuinely eager to live constructive lives, they recognize that happiness is not just a feeling of exuberance or satisfaction at getting what one wants “when he wants it.” They become aware of how happy they feel when they are using themselves and their inner resources to the fullest. Often they find that the happiness all men pursue lies in sacrificing for another person. Or they find it in cheerfully deferring until an appropriate time, place and circumstance something they may want pressingly.

### *Through Sacrifice*

Everyone has experienced the satisfaction that comes from making a personal sacrifice to buy a present for a relative or friend or from contributing pocket-money to a health or welfare program even at the cost perhaps of a few trips to the movies or a new blouse or scarf.

Most people experience happiness in giving a shyer or less popular person a chance to shine.

The mature person recognizes that “man does not live by bread alone.” Every realization of one’s powers of mind and spirit, of one’s creative capacities, contributes to the achievement of happiness.

It is not necessary to have a great intellect to enjoy the experiences of thought. It is not necessary to be a Michelangelo to enjoy creativeness. A skillful cook, an imaginative office worker, a laboratory technician who uses initiative, patience and inventiveness are people in the process of expressing their true selves and thereby achieving happiness.

The inherent spiritual potential of the pursuit of happiness was recognized by the Founding Fathers, who had clear notions of the nature of man. Constitutional guarantees concerning specific human rights—freedom of worship, freedom of speech, freedom of assembly, freedom of the press—could not be complete and assured without a spiritual approach to the true pursuit of happiness.

#### *Class Discussion*

- Suppose that an important way of expressing yourself and achieving happiness lies in playing a musical instrument. But your practice periods irritate and annoy other people. What should you do?
- Suppose you have ability and a genuine desire to become a sculptor. At the same time, you have a family that needs your financial help. Devoting your entire time to your art will cause hardship. How might you solve your problem and still pursue your happiness?
- What factors do you consider basic to a truly happy life?

#### *Class Activity*

- Have each member of the class contribute orally a two-minute sketch on "The Happiest Person I Know" or on "The Happiest Person I Have Ever Read About."

#### *Spiritual Enrichment*

If the basic moral and spiritual value in American life is the inherent worth of every individual, it follows that each person should have every opportunity to enjoy those emotional and spiritual experiences that transcend the materialistic aspects of life. Such experiences are surely as much a right as intellectual experience and the satisfactions of successful physical growth and development.

Many people deny themselves a vast amount of happiness by failing to enrich themselves in the realm of spiritual experience. Sometimes their failure is owing to fear of seeming to be naive and starry-eyed, poetic and fanciful rather than commonsensical.

Yet young people can explore the spiritual aspects of life to the full if they understand first that one does not have to share or display evidence of spiritual experience, that in fact the number of people with whom spiritual experiences can be unselfconsciously and simply shared is usually rather small.

Secondly, young people need to appreciate that everyone in a classroom or in any other group has already had many moments of rich emotional and

spiritual experience, although they may not have put the label "spiritual" on those moments.

In a thousand and one ways right now and every day young people are enriching their lives spiritually, aesthetically, creatively and idealistically . . . in religious experience, in the inner satisfactions felt in the presence of natural beauty, in warm feelings of admiration for (possibly even identification with) great men and women, in the sense of achievement in art, music or crafts classes.

Quite often young people fear that the friends with whom they share cokes, play jukeboxes, dance, play tennis and other games will think them odd and unusual if they show interest in the spiritual enrichment of their lives. Yet if any boy or girl makes a list of his friends, decides which one he or she likes best and analyzes the reasons why, it will usually be found that the special friend "has something." Perhaps that something is a personality free enough to enjoy a balanced diet of study, play, ordinary good times plus some food for the heart and spirit.

#### *The Inner Life*

The recent report, *Moral and Spiritual Values in the Public Schools*, points out: "Spiritual values, however, take effect mainly in terms of inner emotions and sentiments. The entire outlook of many people is deeply affected by these spiritual feelings. Spiritual values arise from many sources—from the creative artistic expressions of the human spirit, from the noble monuments of architecture, from the impact of great religious pageantry and time-honored ritual, from the memory of heroic men and women who have nobly served



*Defender of  
our spiritual  
and moral  
heritage.*

humanity, from contemplation of the stars or of a blade of grass, from the simple ceremonies of thankfulness or of grief, from the smile of a well-loved companion, from poetry and music, from sincere religious experience and faith. The well-meaning and high-minded individual who lacks such experience remains an incomplete person. Beyond moral conviction and efficient social action, there is the inner life of the spirit which gives warmth and drive to dispassionate precepts of morality."

The right to live and grow spiritually is peculiarly threatened today. The materialism of totalitarian states is demonstrably at odds with the free development of the spiritual nature of man. While Nazi propaganda spoke glowingly of the spirituality of the German people and while the Nazis included the word church in their *Kinder, Kirche und Kuchen* (Children, Church and Kitchen) slogan for women, they destroyed simultaneously the very core of spirituality . . . freedom.

It is liberty, the heart of the American way of life, that provides the climate for spiritual growth. It was not religious liberty alone that our Founding Fathers guaranteed. It was freedom to be guided by conscience and by the spirit in one's thoughts, beliefs, speech; in one's choice of friends and occupation; in one's movement about the country; in one's marriage and family life; in one's day-by-day efforts to realize the maximum in personal development.

The Army's brochure, *Character Guidance in the Army*, published in 1951, says, "Liberty, or freedom, in the traditional American acceptance of the idea involves the moral integrity of the individual. It is based on the premise that man is a creature of God and enjoys certain rights as well as incurs certain obligations by virtue of this relationship. The exercise of these rights is held in delicate balance by the observance of the obligations, or the keeping of the moral law. Man possesses free will, and therefore he actually can violate the moral law, renounce his obligations. But, to the extent that he does this, he jeopardizes the essential liberty he has from God. Freedom therefore is weighted with a sense of responsibility and the necessity of self-discipline which will promote the cultivation and positive practice of virtues. By the right exercise of liberty, character is developed and strengthened, and conversely, liberty is more surely preserved as the character of man is improved."

Undoubtedly some persons are still able to cultivate their own inner emotional and spiritual lives in countries where liberties have been lost or curtailed. But the external pressures of their world must make the pursuit of spiritual enrichment a difficult one.

The preservation of the freedom to work for one's development spiritually, as well as in other ways, is at the heart of the nation's defense effort.



Young men and women about to enter the Armed Forces have a right to know and a responsibility to learn why they are called upon to serve their country in its military service. Certainly protection of our moral and spiritual heritage is one of the prime factors.

This country and its priceless inheritance can never be secure, however, if the basic human rights of other nations are torn from them.

In his Edwardsville, Ill., speech in 1858 Abraham Lincoln said: "What constitutes the bulwark of our liberty and independence? It is not our frowning battlements, our bristling seacoasts, the guns of our war steamers, the strength of our gallant and disciplined Army. These are not our reliance against the resumption of tyranny. Our reliance is in the love of liberty, which God has planted in our bosoms. Our defense is in the preservation of the spirit which prizes liberty as the heritage of all men, in all lands everywhere. Destroy the spirit and you have planted the seeds of despotism around your own door. Familiarize yourselves with the chains of bondage and you are preparing your own limbs to wear them. Accustomed to trample on the rights of those around you, you have lost the genius of your independence and become the fit subject of the first cunning tyrant who arises."

#### *Class Assignment*

- Essay on one of the following topics: Daily Experiences That Can Contribute to Spiritual Growth; The Spiritual Qualities of My Favorite Character in History, Fiction or Biography; Can a Person Possess Spiritual Qualities and Be a Good Sport and a Pleasant Companion?

#### *Class Activity*

- Have pupils list (anonymously) the characteristics they desire most in a future husband or wife. After tabulating them, the class should discuss these characteristics in terms of physical, intellectual, emotional-social and spiritual qualities.

#### *Reference*

- Character Guidance Discussion Topics, Series I-VI, Department of the Army Pamphlet No. 16-10; Department of the Air Force Pamphlet No. 1-1 to 6, U. S. Government Printing Office, Washington 25, D. C.

Each of these pamphlets contains excellent bibliographies for both teachers and students.



## Safeguards for junior hostesses

by Mrs. William M. Galvin

*Pennsylvania native, Vassar graduate, mother of three, grandmother of five, executive secretary of Washington's Armed Services Hospitality Committee*

Suppose you have a daughter 20 years old who insisted on coming to Washington to seek her fortune. Suppose she writes you that she and other girls in her rooming house are going to soldier dances every week, riding in an Army bus 20 miles out to the camp and back again at midnight. Suppose that is all you know about these dances. Even though you know you have given your daughter a good education and careful training, you might be worried.

Any mother might say to herself, "I know she has to grow up, and I know she has to have boy friends . . . but that doesn't mean she should be on the loose to that extent, meeting lots of strange men from all over the country and from every kind of household. Does anybody at all pretend to look after these girls as they go to these dances and come home through miles of countryside late at night?"

In Washington we do try to look after the girls.

The War Hospitality Committee (officially appointed by the government of the District of Columbia) had 15,000 junior hostesses enrolled and trained in World War II. Its present successor, the Armed Services Hospitality Committee, has recruited and trained over 3,000 girls since the outbreak of hostilities in Korea. The Volunteer Training Committee, a subcommittee of the Armed Services Hospitality Committee, is responsible for the training course given to all registered hostesses. The 30-odd members of this committee are for the most part professional people working in community recreation. Military representatives insure that the program meets the requirements of the military posts as well as the standards set up by the community members.

The committee is conscious of its responsibility. The safeguards that have been set up are based on 13 years' experience in sending girls to these neighboring military dances. There are military buses and schooled drivers under strict orders. Each agency scheduling girls for the dance sends with each bus a leader who stays through the dance and returns with the girls. She checks the girls on and off the bus. They are not allowed to return to town in private cars.

These leaders are familiar with the standards set up for the junior hostesses, and with our training program. Some of them have worked with us for years. They know that the training course is constantly adapted to changing military

situations. Often they point out to us the need for stressing a special angle in the next course.

In the matter of dance floor manners, a leader suggested the following paragraph which was added this spring to the revised edition of our junior hostess training pamphlet, "*Mother, may I go out dancing?*" which was copyrighted in 1952 by Recreation Services, Inc., an operating agency for the Armed Services Hospitality Committee, Washington, D. C.

"Dance Floor Manners—

"When the music stops: What do you do? Dash rapidly across the dance floor to your girl friends—giving everyone the impression you are running away from your partner? Or do you stand where you are for a moment or two—finishing your conversation with your partner or even being quick to say something bright about the dance, the music, the base? Remember — you are a hostess and you cannot afford to dash off as if you were glad that chore is finished. It might make a big difference to a homesick sailor if you handled this more gracefully."

*What not to say*

In 1944, when the convalescents from the military hospitals began to appear in Washington service clubs, all registered junior hostesses were given the most careful briefing in conversational leads with wearers of the Purple Heart. This training was set up on the advice of the highest military psychiatric specialists because they knew that thoughtless questions could throw back into the hospital a man who had only just got up his nerve to take a trial run downtown in the first place.

The girls were taught that a Purple Heart is not a conversation piece. They were cautioned that if they asked a man where he got a certain campaign ribbon they might be told in words they would never forget.

Commander John Nardini, USN, speaking at the March 1951, training course on this same subject, made some other valuable points. He said:

"Now just a little about sick and wounded men. Generally speaking, I would say without fail, if pressed to discuss any phase of the subject with wounded men, it would be proper to listen. Never press the subject, because a man's condition is best ignored and you must accept him as if he had no illness or injury. He neither desires nor expects any special favor or consideration. His need of service is not even admitted to himself. He wants to be treated during the course of his illness in a manly way. This, however, is not going to prevent him from bitterness.

"This will require your patience and I ask you to listen. He will usually have a mixed feeling about combat. Here you can be of some help. Be tolerantly bored.

"The problem of a man wounded, especially one without limbs, is that of being accepted as he is with his injury, and the sooner this approach is made the better. When he is accepted as his usual self, then he begins to be more comfortable and in general tries to be of some degree of help to the medics."

Again in 1951 when the very young draftees began to fill the neighboring camps, the girls were given special training to help them to know how to make friends with a bashful, socially inexperienced boy who sat tongue-tied with his legs around the chair legs. He could never have gotten up the nerve to ask a girl to dance. Our training course at this point included equally bashful new young government workers, mostly brought in by employment scouts from small towns. (An analysis of the registration cards of our 1952 training class showed the majority were from Pennsylvania mining towns and from small southern towns, with very few from metropolitan areas.)

These girls had to be taught not to go onto the dance floor in groups of six or eight, cross the floor in a gang and sit by themselves, like juveniles in a dancing class. They had to be taught to approach in groups of not more than two several servicemen and to say—"I'm Mary. This is Jean. We're both from Pennsylvania. Where are you from? Are you new here?"

We urged them to talk about Ted Williams, and movie actors and actresses, about any common interest. To develop enough poise to do this easily takes time, but it is nevertheless the easiest lesson we give to a new girl.

### *Extramural dallying*

If she makes a hit with that tall Pfc., he might suggest they "beat it out of the service club and take a little hike in the moonlight." He knows he probably can't get away with that, but no harm in trying. She knows, if she has had our training course, that this is the last "on post" dance she is going to get to if she violates our rule—the military hostess rule—that she stay inside the service club for the duration of the dance.

There is no "parking," no opportunity for an unchaperoned private date at this dance.

Our junior hostess also knows why this rule was made, and why she will have to surrender her pass if she breaks the rule. She has been told by an expert on social hygiene that she is the one person who can take care of herself. She has been told that she must surrender this responsibility to nobody else.

She has heard that if she insists, she has, of course, exactly as much right as a man to pick up somebody on the street, but that there are reasons why she is putting herself in more jeopardy than a man. Ray Everett, director of the



*She's informed,  
poised, patriotic.*

Social Hygiene Society of the District of Columbia, one of our faculty members, points out in detail the tragic end to a pick-up date here in 1945, which ended in an AWOL marine's murdering a girl in one of the public parks.

Nobody pretends that such a training course will prevent murders . . . but we know that we have given each one of the 3,000 girls on our list a knowledge of the reasons why she has to take care of herself and some knowledge of how to do it.

She has been told that if she goes into lonely parks or goes off in a car with a serviceman she does not really know the situation may involve the use of force, and it has been made clear to her that the odds are very much against her being stronger than a serviceman who has been through basic training.

She has been told that she puts herself in danger if she "pets" or "necks." (The exact use of these words varies with background, we find.) She is told that "a little petting" is not safe. She learns that she cannot necessarily retreat from a man who decides after this little petting that he wants more. She is told there is always the possibility of venereal disease, a serious disease, for which treatment is not invariably 100% effective.

Of course she is informed that she may have an unwanted baby, and that by delivery time the serviceman may be long overseas. Certainly her chances of catching up with him are less than slim, as are her chances of proving paternity and getting the soldier to accept responsibility.

In his speeches, Mr. Everett often says, "Who ever heard of a home for unmarried fathers?"—even the girl with the poorest background can understand that. We use plain English, words of few syllables, no euphemisms, no glossing over, because there is too much at stake. We have prepared a special very

simple leaflet for back-country girls near one camp who do not have enough education to read our regular junior hostess pamphlet.

The girls are asked to remember that they must not get too sorry for a man shipping overseas. They must not let him use his imminent departure as a means of breaking down resistance.

#### *On the side of the angels*

Recently a captain in the woman's bureau of the Washington police department told us she had never known an instance when one of our registered junior hostesses had shown up as a problem girl. We hope that record holds. We would be happy if we had in the group every lonely girl who is pick-up material.

There are, of course, some less serious aspects of the training program. Expert professional dancers give an exhibition of modern ballroom dance steps. They also point out what good posture can do for a girl on the dance floor.

In our last course the professional dancer gave the girls several rules for success on the dance floor—

- "Dance to please your partner, not to show off," he said.
- "The man is the boss on the dance floor. Don't say, 'John, you did that step wrong.' If he did, you do it wrong too if you want to be a success."
- "The dance floor is no place for a necking party."

Of course we stress suitable costumes, makeup, haircuts. We frown on the unsightly pin-up curls only partly hidden under a scarf, curls that must be combed out in the bus. We discuss tight sweaters and very sheer blouses. We get the big shops to give fashion shows for the class.

"Make up your mind," one of the smart fashion coordinators said in the course last spring. "If you decide to buy a very sheer blouse you are going to have to spend the money to buy the proper underwear or else you'll look a sight." She could have added that improper clothing invites undesirable wolf calls.

An essential of every course is a lecture on military security. The girls are trained by a military officer to recognize a violation of military security on the



*The conversational  
light touch . . .  
how much better  
than talk about injuries.*

part of a soldier and are told what to do about it. They know they are not on safe ground if they discuss troop movement, weapons, special training. The military adviser takes a positive approach and urges them to keep on subject matter that is their business. During World War II this part of the training was, of course, far more intensive. Elmer Davis, World War II chief of the Office of War Information, said we had the best training in military security for volunteers in the United States.

Over and over again a girl is made to see that to act as a junior hostess at a military dance is an act of patriotism. We urge her to think before she talks, for the sake of morale. Our junior hostess handbook has this to say about thoughtless conversation—

You will never be so silly as to say: "Oh, but aren't you afraid! Don't you hate going overseas! Isn't the sailor uniform a Little Bit Silly? Do you positively mean they make you button your cuffs? How could you *stand* it? Is the food as bad as they say? I bet when you come here you wish you Never Have to Go Back to Camp. Gee—my job is a cinch. I'm glad I'm a girl. I'm lucky."

We say to the girls—

Who keeps you lucky? If you "sign on" to go to dances at Army camps—and with service personnel—can you remember to say to yourself—"But for these men—where would I be?"

---

#### CREDITS

Photo courtesy of British Columbia Government Travel Bureau, Victoria, B. C., p. 395.

Photo courtesy of U. S. Public Health Service, pp. 400, 401.

Photo courtesy of U. S. Department of Defense, p. 412.

Photo courtesy of United Service Organizations, p. 418.

## BOOK NOTES

by Elizabeth B. McQuaid

*Twenty-five Years of Sex Research*, by Sophie D. Aberle and George W. Corner, M.D. Philadelphia, Saunders, 1953. 243p. \$4.00.

This is more than a history of the National Research Council's Committee for Research in Problems of Sex during its first 25 years, 1922 to 1947. It is a saga of a long and successful struggle to promote effective research in sexual behavior, despite resistance to such studies by conservatives.

The reader learns about the committee's organizational and planning problems, and its early efforts to define its responsibilities, locate researchers and publish studies. Also of significance were its decisions in regard to promoting basic research, allocating funds properly and controlling grants.

Cited as a successful example of research administration, the committee, through its experiences offers assistance to those who plan and organize research in other fields. Much can be learned from this history.

Morey R. Fields, Director  
New York City Health Department

---

*Health Principles and Practices*, by C. V. Langton and C. L. Anderson. St. Louis, Mosby, 1953. 417p. \$4.25.

This book is effectively planned to help college students understand their personal health problems. Emphasis is on basic health principles which make possible a positive approach to these problems, on interrelationships between personal health and community health, on the citizen's responsibility for the health of his community. There is extensive treatment of health organizations and agencies and a description of international, national, state and local health services.

The chapter on sex and reproduction—a frank and objective presentation of facts and problems—helps a young person see sex in relation to other aspects of life, and emphasizes the importance of self-respect and of a sense of responsibility to himself and others. Infections of the genital system are discussed in this chapter and also in the chapter on communicable disease control.

Marjorie Eastabrooks  
Washington Department of Public Instruction



*The Prostate Gland*, by Herbert R. Kenyon, M.D. New York, Random House, 1950. 194p. \$2.95.

This volume presents a fairly complete picture of the prostate gland—its location, functional disorders, infectious diseases, the nature, effect and surgical treatment of urinary obstruction, and the challenge of cancer. The author is a specialist in the treatment of genito-urinary disorders, with medical school and hospital affiliations.

A considerable number of men develop enlargement of the prostate gland, and for most surgery is the only method of relief. Many fear and delay surgery, but advances in techniques and the use of antibiotics have largely reduced mortality. For instance, at Bellevue Hospital in New York City the mortality declined from 60% in the early twenties to 2% in 1948.

The author mentions gonorrheal infection of the prostate and the use of sulfonamide drugs, penicillin and other agents which ordinarily control the infection. In some instances the gonorrheal infection is not entirely eradicated.

Well-written, usefully illustrated with line drawings, this volume should clarify many questions and doubts of the sufferer from prostatic disorders.

Dr. Jacob A. Goldberg  
New York Tuberculosis and Health Association

---

*Sex and Religion Today*, edited by Simon Doniger. New York, Association Press, 1953. 238p. \$3.00.

Dr. Simon Doniger, editor of *Pastoral Psychology*, brings together contributions from a well chosen group of experts. A foundation is laid by a comprehensive and well documented historical survey of attitudes toward sex in the Jewish-Christian movement. The extremes of asceticism and license are repudiated, and sex is seen in relation to personality as a whole, to the family and to social well-being. Several of these writers note that facts of the Kinsey report type are inadequate in that they pay scant attention to psychological, social and especially familial aspects of sex.

Understanding of sex in its full meaning is prerequisite to good sex education and counseling. As children begin their sex understanding at home they need open and companionable relationships with understanding parents. Home training is supplemented in school and church. Society has its constant impact. Guardians of morality need to look for the causes of sexual problems rather than try merely to suppress the effects.

Invaluable for teachers and counselors, this book should be helpful also to parents who wish to gain the values of a religious approach that includes biological, psychological and social factors.

Rev. Leland Foster Wood, Ph.D.



*Sexual Adjustment in Marriage*, by Henry Olsen, M.D. New York, Holt, 1952. 310p. \$6.00.

This book is a translation of a publication by the "doctor in charge (since 1937) of sex hygiene instruction at the Continuation School of the Municipality of Copenhagen." Its 667 numbered sections averaging less than half a page deal with a wide range of facts, much folklore and speculation about sex and many problems of sexual behavior, of which marital adjustment is only a segment. The treatment of so many matters cannot be reviewed briefly.

In general the vocabulary is often too technical for most readers. Masturbation is characterized as "a symptom—of a lack of character." Premarital relations between engaged couples are directly discouraged but indirectly very nearly condoned. It is stated that 43.5% of all first-born children (presumably in Denmark) are conceived before the wedding. Kinsey's statistics are repeatedly and uncritically used.

The book contains much highly interesting, incidental information and stimulating speculation but is baffling for its lack of documentation. In the judgment of this reviewer it is not well suited to the needs and understanding of the general reader.

Roy E. Dickerson  
Cincinnati Social Hygiene Society

---

*Parent and Child*, by James H. S. Bossard. Philadelphia, University of Pennsylvania, 1953. 308p. \$5.00.

This new book is an interesting and detailed extension via report of research studies of the earlier excellent book, *The Sociology of Child Development*.

The author is most impatient with what he calls attempted shortcuts to the understanding of human behavior in general and of family behavior in particular. He emphasizes that real knowledge and understanding must come from detailed and careful examination of the commonplace aspects of human history.

These minutiae include: family size which best insures optimal family integration and development of the child; most effective age to function as a parent; impacts of class and religion as compared to education; effects upon personality integration of childhood pets and visiting.

The book will interest the teacher, clinician, socially sensitive parent and, we hope, researcher who would do well to consider not only the problems suggested for research but also the comments on methods.

Florence Greenhoe Robbins  
Ohio State University

## INDEX TO VOLUME 39

### A

- After 10 years. Helping prostitutes help themselves. Mazie F. Rappaport. 209.  
 All together for defense. E. A. Roberts. 290.  
 American Social Hygiene Association.  
     Honorary life memberships. 263.  
     Memo to members. Annual business meeting announcement. 96.  
     Snow award. 265.  
 American venereal disease control problems with emphasis on their epidemiology. J. K. Shafer, M.D. 357, 398.  
 Another point of view. Sex education for adolescents. Irene M. Josselyn, M.D. 278.  
 Atwood, R. B. I choose to believe. 200.

### B

- Babcock, Mrs. Charles H. 336.  
 Babione, Captain R. W. and Lieutenant J. P. Ray. Venereal disease contact investigation in the U. S. Navy and Marine corps. 254.  
 Bare, Carl C. Clean slate for Cleveland. 92.  
 Bible. Scriptural, sexual, spiritual. Sex in the Old Testament. Rabbi Stanley R. Brav. 17.  
 Bibliographies. 65.  
 Blackmore, Ray and A. P. Hamann. San Jose's committee links police and public. 137.  
 Book notes. 94, 139, 189, 233, 281, 331, 376, 421.  
 Books and pamphlets in family life education. Milton Levine, M.D., and Carol Levine. 338.  
 Boudreau, Frank George, M.D. A builder of modern America. 266.  
 Bowdoin, Charles D., M.D. Honorary life membership. 263.  
 Bowman, Karl M., M.D., and Bernice Engle. Problem of homosexuality. 2.  
 Brav, Rabbi Stanley R. Scriptural, sexual, spiritual. Sex in the Old Testament. 17.  
 Brewer, A. Frank, M.D. Dangers of the antibiotic cocktail in VD control. 301.  
 Builder of modern America. Frank George Boudreau, M.D. 266.

- Burritt, Bailey Barton. William Freeman Snow Award recipient.  
     Citation. 264.  
     Family . . . cornerstone of the future. 271.  
     Photograph. 265.

### C

- California.  
     Dangers of the antibiotic cocktail in VD control. A. Frank Brewer, M.D. 301.  
 Cartoons.  
     Fine. 384.  
     Keller. 322.  
     Key. 397.  
     Lichty. 288.  
     Von Riegen. 23.  
 Catholic marriage forums in New York City. Francis P. Mestice, M.D. 345.  
 Charts.  
     Civilian cases of syphilis and gonorrhea, California, 1940-1952. 306.  
     Mobilization and venereal diseases, Navy and Marine corps 1st year World War II and 1st year Korean campaign. 255.  
     Venereal disease cases, Hawaii. 1941-1952. 316.  
     Venereal disease incidence rates, Navy and Marine corps, 1900-1949. 303.  
     Venereal disease rates, Hawaii. 1943-1952. 318.  
 Clean slate for Cleveland. Carl C. Bare. 92.  
 Cleveland, Clean slate for. Carl C. Bare. 92.  
 Courtship.  
     Dating and rating. Phoebe Eleanor Forrest. 121.

### D

- Dangers of the antibiotic cocktail in VD control. A. Frank Brewer, M.D. 301.  
 Dating and rating. Phoebe Eleanor Forrest. 121.  
 Davis, Arthur F. and John W. Masley. Sex education in Pennsylvania's public secondary schools. 107.  
 Drummond, Laura W. Family life education—whose job? 201.

Dykstra, Philip. Wisconsin educates for health. 350.

## E

### Editorials.

Introducing ASHA's new executive director. 1

Proceed with caution. 385.

Recreation—for body, brain and soul. 49.

Red feather nickels. 289.

Three cheers for those who try! Ellis F. White. 337.

Education (see family life education).

Education for marriage within the Anglican church. Rev. Canon Hugh C. Warner. 249.

Effective living in the national emergency. 99.

Egypt. Happy ending. 86.

Eight years after the houses closed. Walter B. Quisenberry, M.D. 312.

Engle, Bernice and Karl M. Bowman, M.D. Problem of homosexuality. 2.

## F

Family . . . cornerstone of the future. Bailey Barton Burritt. 271.

### Family life education.

Books and pamphlets in. Milton Levine, M.D., and Carol Levine. 338.

Education for marriage within the Anglican church. Rev. Canon Hugh C. Warner. 249.

Effective living in the national emergency. 99.

In San Antonio. Payton Kennedy. 156.

Mental health. 165, 216, 258.

Sex education in Pennsylvania's public secondary schools. John W. Masley and Arthur F. Davis. 107.

Social hygiene in group work agencies. 50.

Spiritual health and development. Pre-induction health and human relations. 323, 365, 405.

Three cheers for those who try! Editorial. Ellis F. White. 337.

Trends in, in schools. Nancy C. Wimmer. 69.

Whose job? Laura W. Drummond. 201.

Wisconsin educates for health. Philip Dykstra. 350.

Fiumara, Nicholas J., M.D., and Arthur J. Hassett. Marriage and the law. Medico-legal requirements in Massachusetts. 24.

Forrest, Phoebe Eleanor. Dating and rating. 121.

Forums, Catholic marriage in New York City. Francis P. Mestice, M.D. 345.

## G

Galvin, Mrs. William M. Safeguards for junior hostesses. 415.

Goldberg, Jacob A. Honorary life membership. 263.

## H

Hamann, A. P. and Ray Blackmore. San Jose's committee links police and public. 137.

Happy ending. 86.

Hassett, Arthur J. and Nicholas J. Fiumara, M.D. Marriage and the law. Medico-legal requirements in Massachusetts. 24.

Health education (see family life education).

Hirsh, Joseph. VD in Israel. 145.

Homosexuality, problem of. Karl M. Bowman, M.D., and Bernice Engle. 2.

Honorary life memberships. 263.

Charles D. Bowdoin, M.D.

Jacob A. Goldberg

Major General Edwin P. Parker, Jr.

Mrs. Florence Sands.

Gloyd Gage Wetherill, M.D.

## I

I choose to believe. R. B. Atwood. 200.

International.

Eight years after the houses closed. Walter B. Quisenberry, M.D. 312.

Happy ending. Congenital syphilis control in Egypt. 86.

Police and health cooperation in VD control. Vancouver story. A. John Nelson, M.D. 390.

VD in Israel. Joseph Hirsh. 145.

Introducing ASHA's new executive director. Conrad Van Hyning. Editorial. 1.

Israel, VD in. Joseph Hirsh. 145.

## J

Josselyn, Irene M., M.D. Another point of view. Sex education for adolescents. 278.

## K

Kennedy, Payton. Family life education in San Antonio. 156.

Kinsie, Paul M. Prostitution—then and now. 241.

## L

Last word. Stan Fine cartoon. 384.

Laws and legislation.

Marriage and the law. Medico-legal requirements in Massachusetts. Nicholas J. Fiumara, M.D., and Arthur J. Hassett. 24.

Levine, Carol and Milton Levine, M.D. Books and pamphlets in family life education. 338.

Levine, Milton, M.D., and Carol Levine. Books and pamphlets in family life education. 338.

Livingston, Uxenia S. VD movies and beer. 134.

## M

Marriage.

And the law. Medico-legal requirements in Massachusetts. Nicholas J. Fiumara, M.D., and Arthur J. Hassett. 24.

Catholic marriage forums in New York City. Francis P. Mestice, M.D. 345.

Counseling. Social hygiene service . . . personal and. Dorothy W. Miller. 307.

Education for marriage within the Anglican church. Rev. Canon Hugh C. Warner. 249.

Scriptural, sexual, spiritual. Sex in the Old Testament. Rabbi Stanley R. Brav. 17.

Masley, John W., and Arthur F. Davis. Sex education in Pennsylvania's public secondary schools. 107.

Massachusetts.

Marriage and the law. Medico-legal requirements in. Nicholas J. Fiumara, M.D., and Arthur J. Hassett. 24.

McKinney, Mrs. Fred. A parent protests against the experts. 386.

Memo to members. 96.

Mental health. Preinduction health and human relations. 165, 216, 258.

Mestice, Francis P., M.D. Catholic marriage forums in New York City. 345.

Meyer, George P., M.D. Syphilis of the eye. 79.

Miller, Dorothy W. Social hygiene service . . . personal and marriage counseling. 307.

Morsell, John A. Motivation of the volunteer venereal disease patient. 38.

Motivation of the volunteer venereal disease patient. John A. Morsell. 38.

## N

Nelson, A. John, M.D. Police and health cooperation in VD control. Vancouver story. 390.

New York City.

Catholic marriage forums in. Francis P. Mestice, M.D. 345.

New York Tuberculosis and Health Association. Social hygiene in group work agencies. 50.

## O

Outlook for venereal disease control. J. K. Shafer, M.D. 193.

## P

Parent protests against the experts. Mrs. Fred McKinney. 386.

Parker, Major General Edwin P., Jr. Honorary life membership. 263.

Pennsylvania.

Sex education in Pennsylvania's public secondary schools. John W. Masley and Arthur F. Davis. 107.

Police and health cooperation in VD control. Vancouver story. A. John Nelson, M.D. 390.

Preinduction health and human relations. Effective living in the national emergency. 99.

Introduction. 97.

Mental health. 165, 216, 258.

Spiritual health and development. 323, 365, 405.

Problem of homosexuality. Karl M. Bowman, M.D., and Bernice Engle. 2.

Proceed with caution. Editorial. 385.

Prostitution.

After 10 years. Helping prostitutes help themselves. Mazie F. Rappaport. 209.

Clean slate for Cleveland. Carl C. Bare. 92.

Eight years after the houses closed. Walter B. Quisenberry, M.D. 312.

Police and health cooperation in VD control. Vancouver story. A. John Nelson, M.D. 390.

San Jose's committee links police and public. A. P. Hamann and Ray Blackmore. 137.

Then and now. Paul M. Kinsie. 241.

## Q

Quisenberry, Walter B., M.D. Eight years after the houses closed. 312.

## R

Rappaport, Mazie F. After 10 years. Helping prostitutes help themselves. 209.

Ray, Lieutenant J. P. and Captain R. W. Babione. Venereal disease contact investigation in the U. S. Navy and Marine corps. 254.

Recreation—for body, brain and soul. Editorial. 49.

Red feather nickels. Editorial. 289.

Rehabilitation.

After 10 years. Helping prostitutes help themselves. Mazie F. Rappaport. 209.

Religion.

Catholic marriage forums in New York City. Francis P. Mestice, M.D. 345.

Education for marriage within the Anglican church. Rev. Canon Hugh C. Warner. 249.

Scriptural, sexual, spiritual. Sex in the Old Testament. Rabbi Stanley R. Brav. 17.

Spiritual health and development. 323, 365, 405.

Roberts, E. A. All together for defense. 290.

## S

Safeguards for junior hostesses. Mrs. William M. Galvin. 415.

San Antonio.

Family life education in. Payton Kennedy. 156.

San Jose's committee links police and public. A. P. Hamann and Ray Blackmore. 137.

Sands, Mrs. Florence. Honorary life membership. 263.

Schools (see family life education).

Scriptural, sexual, spiritual. Sex in the Old Testament. Rabbi Stanley R. Brav. 17.

Setting things straight. Individual and community health. 331.

Sex in the Old Testament. Scriptural, sexual, spiritual. Rabbi Stanley R. Brav. 17.

Shafer, J. K., M.D.

American venereal disease control problems. 357, 398.

Outlook for venereal disease control. 193.

Snow award. Bailey Barton Burritt. 265.

Social hygiene in group work agencies. New York Tuberculosis and Health Association. 50.

Social hygiene service . . . personal and marriage counseling. Dorothy W. Miller. 307.

Spiritual health and development. Preinduction health and human relations. 323, 365, 405.

Syphilis (see venereal disease).

Syphilis of the eye. George P. Meyer, M.D. 79.

## T

Tables.

Laboratories approved in Massachusetts for the performance of serologic tests for syphilis. 34.

Premarital laws in the United States and Canada. 35.

States, territories and Canadian provinces requiring own premarital certificate but accepting the laboratory report of state Wassermann laboratory and physical examination of Massachusetts physician. 37.

Taverns. VD movies and beer. Uxenia S. Livingston. 134.

Three cheers for those who try! Editorial. Ellis F. White. 337.

Trends in family life education in schools. Nancy C. Wimmer. 69.

## U

United Defense Fund. All together for defense. E. A. Roberts. 290.

U. S. armed forces.

Effective living in the national emergency. 99.

Mental health. 165, 216, 258.

Safeguards for junior hostesses. Mrs. William M. Galvin. 415.

Spiritual health and development. 323, 365, 405.

Venereal disease contact investigation in the U. S. Navy and Marine corps. Captain R. W. Babione and Lieutenant J. P. Ray. 254.

## V

Van Hyning, Conrad. Introducing ASHA's new executive director. 1.

Venereal disease.

American control problems with emphasis on their epidemiology. J. K. Shafer, M.D. 357, 398.

Contact investigation in the U. S. Navy and Marine corps. Captain R. W. Babione and Lieutenant J. P. Ray. 254.  
 Dangers of the antibiotic cocktail in VD control. A. Frank Brewer, M.D. 301.  
 Happy ending. Congenital syphilis control in Egypt. 86.  
 Marriage and the law. Medico-legal requirements in Massachusetts. 28.  
 Motivation of the volunteer venereal disease patient. John A. Morsell. 38.  
 Outlook for venereal disease control. J. K. Shafer, M.D. 193.  
 Police and health cooperation in VD control. Vancouver story. A. John Nelson, M.D. 390.  
 Proceed with caution. Editorial. 385.  
 Syphilis of the eye. George P. Meyer, M.D. 79.  
 VD in Israel. Joseph Hirsh. 145.  
 VD movies and beer. Uxenia S. Livingston. 134.

## W

Warner, Rev. Canon Hugh C. Education for marriage within the Anglican church. 249.  
 Wetherill, Gloyd Gage, M.D. Honorary life membership. 263.

White, Ellis F. Editorial. Three cheers for those who try! 337.  
 Wimmer, Nancy C. Trends in family life education in schools. 69.  
 Wisconsin educates for health. Philip Dykstra. 350.

## Y

Young people.  
 Catholic marriage forums in New York City. Francis P. Mestice, M.D. 345.  
 Dating and rating. Phoebe Eleanor Forrest. 121.  
 Effective living in the national emergency. 99.  
 Family life education in San Antonio. Payton Kennedy. 156.  
 Mental health. 165, 216, 258.  
 Parent protests against the experts. Mrs. Fred McKinney. 386.  
 Safeguards for junior hostesses. Mrs. William M. Gelvin. 415.  
 Sex education in Pennsylvania's public secondary schools. John W. Masley and Arthur F. Davis. 107.  
 Social hygiene in group work agencies. 50.  
 Spiritual health and development. 323, 365, 405.

## INDEX TO BOOK AND PAMPHLET REVIEWS

### By Author and Title

#### A

- Aberle, Sophie D. and George W. Corner. M.D. Twenty-five years of sex research. 421.
- About you. Marjorie C. Cosgrove and Mary I. Josey. 192.
- Adams, John B. and Stuart A. Queen. The family in various cultures. 190.
- Adolescence. Marguerite Malm and Olis G. Jamison. 281.
- Adolescent and his world. Irene M. Joselyn, M.D. 237.
- American family. Ruth Shonle Cavan. 283.
- American health directory. Henry Hatton. 189.
- Anderson, C. L., and C. V. Langton. Health principles and practices. 421.
- Anderson, C. L. Physical and emotional aspects of marriage. 332.

#### B

- Babies need fathers too. Rhoda Kellogg. 379.
- Bacmeister, Rhoda W. Your children's manners. 286.
- Bailey, Derrick Sherwin. Mystery of love and marriage. 378.
- Bauer, W. W., M.D., Helen Shacter and Gladys Gardner Jenkins. Into your teens. 144.
- Blair, Arthur Witt and William H. Burton. Growth and development of the preadolescent. 140.
- Bossard, James H. S. Parent and child. 423.
- Bowen, Carroll T., M.D. Handbook on VD. 142.
- Bruntsch, Walter L., M.D. Syphilitic optic atrophy. 382.
- Building a successful marriage. Judson T. and Mary G. Landis. 382.
- Bundeson, Herman N., M.D. Toward manhood. 94.
- Burton, William H. and Arthur Witt Blair. Growth and development of the preadolescent. 140.
- Butterfield, Oliver M. Sexual harmony in marriage. 381.
- Byrd, Oliver E., M.D. Health instruction yearbook. 281.

#### C

- Caprio, Frank S., M.D. Living in balance. 284. Power of sex. 335.
- Cavan, Ruth Shonle. American family. 283.
- Chesser, Eustace. How to make a success of your marriage. 285.
- Child Study Association of America staff and Sidonie M. Gruenberg, editors. Our children today. 287.
- Cincinnati report. Council of Social Agencies. 233.
- Control of communicable diseases. Hugh Paul, M.D. 377.
- Corner, George W., M.D., and Sophie D. Aberle. Twenty-five years of sex research. 421.
- Cosgrove, Marjorie C. and Mary I. Josey. About you. 192.
- Council of Social Agencies. Cincinnati report. 233.
- Courtship and love. William S. Sadler, M.D. 239.
- Courtship and marriage. Francis E. Merrill. 235.
- Crawford, John and Dorathea. Teens . . . how to meet your problems. 235.
- Criminology. Clyde B. Vedder. 333.

#### D

- Davidson, Audrey and Judith Fay. Fantasy in childhood. 190.
- Davis, Bert H. and T. Otto Nail. Making good as young couples. 332.
- Ditzion, Sidney. Marriage, morals and sex in America. 376.
- Doniger, Simon, editor. Sex and religion today. 422.
- Duvall, Evelyn M. and Reuben Hill. When you marry. 332.

#### E

- Ellis, Havelock. Sex and marriage. 377.
- Exploring your personality. William E. Henry. 285.

#### F

- Fairchild, Johnson E., editor. Women, society and sex. 141.



- Family in various cultures. Stuart A. Queen and John B. Adams. 190.  
 Family life education in school and community. Elizabeth McHose. 140.  
 Family life education kit. Gloyd Gage Wetherill, M.D. 234.  
 Fay, Judith and Audrey Davidson. Phantasy in childhood. 190.

## G

- Getting along with parents. Katherine Whiteside-Taylor. 282.  
 Glands, sex and personality. Herman H. Rubin, M.D. 236.  
 Gould, Adrian Gordon, M.D., and Dean Franklin Smiley, M.D. Your community's health. 191.  
 Greenberg, Morris, M.D. Modern concepts of communicable disease. 378.  
 Greenblatt, Robert B., M.D., and others. Management of chancroid, granuloma inguinale, lymphogranuloma venereum in general practice. 379.  
 Griffith, Edward F. Sex guide to happy marriage. 287.  
 Growth and development of the preadolescent. Arthur Witt Blair and William H. Burton. 140.  
 Gruenberg, Sidonie M.  
     Wonderful story of how you were born. 142.  
     And staff of Child Study Association of America, editors. Our children today. 287.

## H

- Habitual sex offender. Paul W. Tappan. 189.  
 Handbook on VD. Carroll T. Bowen, M.D. 142.  
 Harper, Fowler V. Problems of the family. 380.  
 Hatton, Henry. American health directory. 189.  
 Health instruction yearbook. Oliver E. Byrd, M.D., editor. 281.  
 Healthy personality for your child. James L. Hymes, Jr. 95.  
 Health principles and practices. C. V. Langton and C. L. Anderson. 421.  
 Helping children understand sex. Lester A. Kirkendall. 144.  
 Henry VIII—a difficult patient. Sir Arthur S. MacNulty. 191.

- Henry, William E. Exploring your personality. 285.  
 Hill, Reuben and Evelyn M. Duvall. When you marry. 332.  
 How to make a success of your marriage. Eustace Chesser. 285.  
 Hymes, James L., Jr.  
     Healthy personality for your child. 95.  
     Understanding your child. 236.

## I

- Illustrated guide to sex happiness in marriage. Lucia Radl, M.D. 376.  
 Individual and community health. William W. Stiles, M.D. 331.  
 Into your teens. Helen Shacter, Gladys Gardner Jenkins and W. W. Bauer, M.D. 144.

## J

- Jamison, Olis G. and Marguerite Malm. Adolescence. 281.  
 Jenkins, Gladys Gardner, Helen Shacter and W. W. Bauer, M.D. Into your teens. 144.  
 Josey, Mary I. and Marjorie C. Cosgrove. About you. 192.  
 Josselyn, Irene M., M.D. Adolescent and his world. 237.

## K

- Kellogg, Rhoda. Babies need fathers too. 379.  
 Kenyon, Herbert R., M.D. Prostate gland. 422.  
 Kirkendall, Lester A. Helping children understand sex. 144.  
 Koos, Earl Lomon. Marriage. 381.  
 Kotinsky, Ruth and Helen Leland Witmer, editors. Personality in the making. 383.

## L

- Landis, Judson T. and Mary G. Building a successful marriage. 382.  
 Landis, Mary G. and Judson T. Building a successful marriage. 382.  
 Landis, Judson T. and Mary G., editors. Readings in marriage and the family. 139.  
 Landis, Mary G. and Judson T., editors. Readings in marriage and the family. 139.  
 Langton, C. V. and C. L. Anderson. Health principles and practices. 421.  
 Laurence, John. Single woman. 282.

Lives in progress. Robert W. White. 286.  
Living in balance. Frank S. Caprio, M.D.  
284.

## M

Mace, David R. Whom God hath joined.  
380.  
MacNulty, Sir Arthur S. Henry VIII—a difficult patient. 191.  
Making and keeping friends. William C. Menninger, M.D. 284.  
Making good as young couples. T. Otto Nall and Bert H. Davis. 332.  
Malm, Marguerite and Olis G. Jamison. Adolescence. 281.  
Management of chancroid, granuloma inguinale, lymphogranuloma venereum in general practice. Robert B. Greenblatt, M.D., and others. 379.  
Marriage. Earl Lomon Koos. 381.  
Marriage manual. Hannah Stone, M.D., and Abraham Stone, M.D. 283.  
Marriage, morals and sex in America. Sidney Ditzion. 376.  
McHose, Elizabeth. Family life education in school and community. 140.  
Menninger, William C., M.D. Making and keeping friends. 284.  
Merrill, Francis E. Courtship and marriage. 235.  
Modern concepts of communicable disease. Morris Greenberg, M.D. 378.  
Modern family. Robert F. Winch. 192.  
Mohr, George J., M.D. When children face crises. 334.  
Montagu, Ashley. Natural superiority of women. 285.  
Mystery of love and marriage. Derrick Sherwin Bailey. 378.

## N

Nall, T. Otto and Bert H. Davis. Making good as young couples. 332.  
Natural superiority of women. Ashley Montagu. 285.  
Neisser, Edith G. When children start dating. 383.

## O

O'Brien, John A. Sex-character education. 94.  
Ogg, Elizabeth. Why some women stay single. 335.

Olsen, Henry, M.D. Sexual adjustment in marriage. 423.

Our children today. Sidonie M. Gruenberg and staff of Child Study Association of America, editors. 287.

## P

Parent and child. James H. S. Bossard. 423.  
Parents, children and the facts of life. Henry V. Sattler. 240.  
Paul, Hugh, M.D. Control of communicable diseases. 377.  
Personal and community health. C. E. Turner. 144.  
Personality in the making. Helen Leland Witmer and Ruth Kotinsky, editors. 383.  
Phantasy in childhood. Audrey Davidson and Judith Fay. 190.  
Philtine, Ellen C. and Phillip Polatin, M.D. Well-adjusted personality. 334.  
Physical and emotional aspects of marriage. C. L. Anderson. 332.  
Pilpel, Harriet F. and Theodora Zavin. Your marriage and the law. 239.  
Polatin, Phillip, M.D., and Ellen C. Philtine. Well-adjusted personality. 334.  
Power of sex. Frank S. Caprio, M.D. 335.  
Preventive medicine and public health. Wilson G. Smillie. 286.  
Problems of the family. Fowler V. Harper. 380.  
Prostate gland. Herbert R. Kenyon, M.D. 422.

## Q

Queen, Stuart A. and John B. Adams. The family in various cultures. 190.

## R

Radl, Lucie, M.D. Illustrated guide to sex happiness. 376.  
Readings in marriage and the family. Judson T. and Mary G. Landis, editors. 139.  
Rubin, Herman H., M.D. Glands, sex and personality. 236.

## S

Sadler, William S., M.D. Courtship and love. 239.

Sattler, Henry V. Parents, children and the facts of life. 240.

Sex and marriage. Havelock Ellis. 377.

Sex and religion today. Simon Doniger, editor. 422.

Sex-character education. John A. O'Brien. 94.

Sex guide to happy marriage. Edward F. Griffith. 287.

Sexual adjustment in marriage. Henry Olsen, M.D. 423.

Sexual harmony in marriage. Oliver M. Butterfield. 381.

Shacter, Helen, Gladys Gardner Jenkins and W. W. Bauer, M.D. Into your teens. 144.

Single women. John Laurence. 282.

Smiley, Dean Franklin, M.D., and Adrian Gordon Gould, M.D. Your community's health. 191.

Smillie, Wilson G. Preventive medicine and public health. 286.

Stiles, William W., M.D. Individual and community health. 331.

Stone, Abraham, M.D., and Hannah Stone, M.D. Marriage manual. 283.

Stone, Hannah, M.D., and Abraham Stone, M.D. Marriage manual. 283.

Syphilitic optic atrophy. Walter L. Brutsch, M.D. 382.

## T

Tappan, Paul W. Habitual sex offender. 189.

Teens . . . how to meet your problems. John and Dorathea Crawford. 235.

Teicher, Joseph D., M.D. Your child and his problems: a basic guide for parents. 287.

Toward manhood. Herman N. Bundesen, M.D. 94.

Turner, C. E. Personal and community health. 144.

Twenty-five years of sex research. Sophie D. Aberle and George W. Corner, M.D. 421.

## U

Understanding your child. James L. Hymes, Jr. 236.

## V

Vedder, Clyde B. Criminology. 333.

## W

Well-adjusted personality. Phillip Polatin, M.D., and Ellen C. Philtine. 334.

Wetherill, Gloyd Gage, M.D. Family life education kit. 234.

When children face crises. George J. Mohr, M.D. 334.

When children start dating. Edith G. Neisser. 383.

When you marry. Evelyn M. Duvall and Reuben Hill. 332.

White, Robert W. Lives in progress. 286.

Whiteside-Taylor, Katherine. Getting along with parents. 282.

Whom God hath joined. David R. Mace. 380.

Why some women stay single. Elizabeth Ogg. 335.

Winch, Robert F. Modern family. 192.

Witmer, Helan Leland and Ruth Kotinsky, editors. Personality in the making. 383.

Women, society and sex. Johnson E. Fairchild, editor. 141.

Wonderful story of how you were born. Sidonie M. Gruenberg. 142.

## Y

Your child and his problems: a basic guide for parents. Joseph D. Teicher, M.D. 287.

Your children's manners. Rhoda W. Backmoister. 286.

Your community's health. Dean Franklin Smiley, M.D., and Adrian Gordon Gould, M.D. 191.

Your marriage and the law. Harriet F. Pilpel and Theodora Zavin. 239.

## Z

Zavin, Theodora and Harriet F. Pilpel. Your marriage and the law. 239.

# AMERICAN SOCIAL HYGIENE ASSOCIATION

---

## *Officers and Directors*

*President:* PHILIP R. MATHER

*Executive Director:* CONRAD VAN HYNING

*Honorary Vice-Presidents:*

DR. ANTON J. CARLSON  
CHARLES S. JOHNSON

OREL J. MYERS  
STAFFORD L. WARREN, M.D.

*Vice-Presidents:*

HON. FRANCES PAYNE BOLTON, M.C.

ERNEST BOYD MacNAUGHTON

MAJOR GENERAL IRVING J. PHILLIPSON, USA (Ret.)

HOWARD S. CULLMAN

*Secretary:* MRS. DAVID C. PRINCE

*Assistant Secretary:* MRS. MIRIAM ENGLISH DOLL

*Treasurer:* ORIE R. KELLY

*Assistant Treasurer:* HERBERT I. WOOD

*Chairman of the Executive Committee:* BAILEY B. BURRITT

*Chairman of the Finance Committee:* MAJOR GENERAL IRVING J. PHILLIPSON, USA (Ret.)

*Chairman of the General Advisory Board:* REV. ALPHONSE M. SCHWITALLA, S.J.

*Board of Directors:*

DONALD B. ARMSTRONG, M.D.  
MRS. LOWELL BIGELOW  
ROBERT H. BISHOP, JR., M.D.  
BAILEY B. BURRITT  
RT. REV. MSGR. HOWARD J. CARROLL  
ARMISTEAD B. CARTER  
FRANK C. COMBES, M.D.  
MICHAEL DAROFF  
ROY E. DICKERSON  
WILLIAM L. FLEMING, M.D.  
REGINALD E. GILLMOR  
MAJOR GEN. MALCOLM C. GROW,  
USAF (Ret.)  
WILLIAM S. HENSON  
JUDGE PETER M. HORN  
P. D. HOUSTON  
NORMAN R. INGRAHAM, JR., M.D.

ALAN JOHNSTONE  
DR. DAVID KAPLAN  
RABBI EDWARD KLEIN  
PHILIP R. MATHER  
ERNEST G. OSBORNE  
MRS. DWIGHT S. PERRIN  
MAJOR GEN. IRVING J. PHILLIPSON, USA (Ret.)  
MRS. DAVID C. PRINCE  
RT. REV. DAVID E. RICHARDS  
CALVIN SAWYIER  
LEONARD A. SCHEELE, M.D.  
REAR ADMIRAL CHAS. S. STEPHENSON, USN (Ret.)  
WILLIAM D. STOVALL, M.D.  
THOMAS B. TURNER, M.D.  
ARNULF UELAND  
BRUCE WEBSTER, M.D.



## A Platform for Social Hygiene

- ★ For every child . . . education in personal and family living.
- ★ For high school students . . . preparation for satisfying, responsible maturity.
- ★ Guidance for all in the right use of sex . . . including training for marriage and parenthood.
- ★ Coordinated social hygiene services in every community.
- ★ Protection from VD for everybody . . . all over the world.
- ★ Wholesome communities . . . for servicemen, for you and me.
- ★ Workable laws against prostitution and VD . . . vigorously enforced.

ASHA is dedicated to this platform. We invite you to join with us in working toward these goals. They hold out to each individual the opportunity to develop his potentialities without exploitation and with full regard for the rights of others.

**AMERICAN SOCIAL HYGIENE ASSOCIATION**  
**1790 BROADWAY • NEW YORK 19, N. Y.**

